FORM D

UNITED STATES

1422560 SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6) AND/OR**

OMB API	PROVAL
OMB NUMBER:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per response	

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Name of Offering (□ chick if this is Offer and Sale of Limited Pattnership Ir	an amendment and naterests	ame has chang	ged, and indicate	change.)			
Filing On the Check box (cs) that apply) Type of Filing: New Filing [: 🔲 Rule 504 Amendment	□ Rule 505	☑ Rule 506	□ Se	ction 4(6)	□ ULOE	
7	A, BASIO	C IDENTIFIC	CATION DATA				
1. Enter the information requested abou	t the issuer						
Name of Issuer (☐ Check if this is an Adams Street Partnership Fund - 2008 N		e has changed,	and indicate cha	inge.)			
Address of Executive Offices c/o Adams Street Partners, LLC, One No.	•	-	City, State, Zip C ago, IL 60606	ode)	(312) 553-	7890	luding Area Code)
Address of Principal Business Operation (if different from Executive Offices)	is (Numbe	er and Street, (City, State, Zip C	ode)	Telephone	Number (Inc	luding Area Code)
Brief Description of Business		PRO	CESSE)			
Investment in private equity limited part	nerships and similar e	JAN	1 0 2008	E		0	
Type of Business Organization corporation business trust	☑ limited partner ☐ limited partner	rship, alrea	OMSON- NANCIAL med	□ otl	her (please s	specify):	
Actual or Estimated Date of Incorporation of Incorporation of Organiz	ation: (Enter two-lette		Month 1 2 Service abbrevial foreign jurisdict		☑	tual 🗆	Estimated E

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General Partner
Full Name (Last name first, if in	dividual)				
Adams Street Partners, LLC					
Business or Residence Address	(Nun	ber and Street, City, Sta	ite, Zip Code)		
One North Wacker Drive, Suite	2200. Chicago. IL	. 60606			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owr	ner Executive Off	icer Director	☐ General and/or
Check Box(es) that repris-		B penenan own			Managing Partner
Full Name (Last name first, if in	dividual)				
UBS Clobal Agest Management	(Amoriana) lea				
UBS Global Asset Management Business or Residence Address		iber and Street, City, Sta	ate. Zin Code)		
	-	•			
c/o Adams Street Partners, LLC,					- C - 1 - 1/-
Check Box(es) that Apply:	☐ Promoter	Beneficial Owi	ner	icer Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)		· ·		
Adams Street Associates, LP					
Business or Residence Address	(Nun	ber and Street, City, St	ate, Zip Code)		· "
c/o Adams Street Partners, LLC,	One North Wack	er Drive, Suite 2200, C	hicago, IL 60606		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owi		icer Director	☐ General and/or
		_	_	_	Managing Partner
Full Name (Last name first, if in	dividual)				
Callahan, Kevin T.					
Business or Residence Address	(Nun	iber and Street, City, St	ate, Zip Code)		
c/o Adams Street Partners, LLC,	One North Wack	er Drive. Suite 2200. C	hicago, IL, 60606		
Check Box(es) that Apply:	☐ Prometer	☐ Beneficial Own		ficer Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if in	dividual)				
Fencik, J. Gary					
Business or Residence Address	(Nun	nber and Street, City, St	ate, Zip Code)		
c/o Adams Street Partners, LLC,	One North Wack	er Drive, Suite 2200, C	hicago, IL 60606		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Own		icer Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
French, T. Bondurant					
Business or Residence Address	(Nun	nber and Street, City, St	ate, Zip Code)		
n/a Adams Ctanna Bratanan II C	One North Much	Deitro Priito 2200 C	hiann II 60606		
c/o Adams Street Partners, LLC, Check Box(es) that Apply:	Promoter	Beneficial Ow		icer Director	General and/or
					Managing Partner
Full Name (Last name first, if in	dividual)				
Gould, Elisha P.					
Business or Residence Address	(:Nun	nber and Street, City, St	ate, Zip Code)		
c/o Adams Street Partners, LLC,	One North Wack	er Drive, Suite 2200, C	hicago, IL 60606		

A.	BASIC	IDENTIFICA	TION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if ind	lividual)					
Hupp, William J.						
Business or Residence Address	(Numbe	er and Street, City, State, Z	(ip Code)			
c/o Adams Street Partners, LLC, (One North Wacker	Drive, Suite 2200, Chicag	o, IL 60606			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if ind	lividual)					
Jacobs, Michael J.						
Business or Residence Address	Numb	er and Street, City, State, 2	Lip Code)			
c/o Adams Street Partners, LLC, (One North Wacker	Drive, Suite 2200, Chicag	o, IL 60606			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if ind	lividual)				 	
Kevin, Quintin I.						
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)			
c/o Adams Street Partners, LLC, 0	One North Wacker	Drive, Suite 2200, Chicag	o, IL 60606			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if ind	lividual)					
Newman, Joan W.						
Business or Residence Address	(Numbe	er and Street, City, State, 2	(ip Code)			
c/o Adams Street Partners, LLC, (One North Wacker	Drive, Suite 2200, Chicag	o, IL 60606			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if ind	lividual)					
Smits, Hanneke						
Business or Residence Address	(Numbe	er and Street, City, State, 2	Cip Code)			
c/o Adams Street Partners, LLC, One North Wacker Drive, Suite 2200, Chicago, IL 60606						

				B. INF	ORMATIC	N VROO.	OFFERI	NG			Yes	No
1. Has the is:	suer sold, o	or does the is	ssuer intend	l to sell, to	non accredi	ited investo	rs in this of	Tering?	,			⊠
			Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE.				
2. What is th	e minimun	n investmen	t that will b	e accepted	from any in	ndividual?	*************				s	*
*Subject to th				•	•							
											Voc	No
3. Does the o	offering per	mit joint ov	vnership of	a single un	it?					.,,,	Yes ⊠	No
4. Enter the remuneration agent of a bropersons to be Full Name (L	nformation for solicita ker or deal listed are a	requested ation of pur der registered associated p	for each per chasers in c d with the S ersons of st	scn who had not be seen when the seen who had not be seen who had not be seen when the seen when the seen when the seen who had not be seen when the see	as been or w with sales o with a state	vill be paid f securities or states, l	or given, d in the offer ist the nam	irectly or in ing. If a pe e of the bro	directly, an erson to be l ker or deale	y commis listed is ar er. If more	i associat e than fiv	ed person o e (5)
Business or R	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Asse	ociated Bro	ker or Deal	er	-								
States in Whi	ch Person	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers						
		or check ind						(DC)				All States
[AL] [IL]	[AK] (IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] (MD)	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indiv	idual)	<u> </u>								
Business or R	lesidence A	Address (Nu	mber and S	trect, City,	State, Zip (Code)						
Name of Asso	ociated Bro	ker or Deal	ег				·					
States in Whi					Solicit Purc	hasers	-		*************************************			
(Cneck ".	An State (or check ind [AZ]	nviduai Sta [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 (H1)	All States [ID]
[IL]	[IN]	[iA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)									
Business or R	tesidence A	address (Nu	mber and S	trest, City,	State, Zip (Code)	· · · · · · · · · · · · · · · · · · ·					
<u> </u>		,				<u> </u>						
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi		Listed Has S or check ind				hasers						All Cinera
(Check 7	An State of	[AZ]	AR]	es,[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	ப (HI)	All States [ID]
[11.]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
וומז	(SC)	[CD]	ITNI	[TY]	EL ITT	DOT	IVAL	137.4.1	(3/3/)	19711	(1)/V1	fpp1

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

al cl	inter the aggregate offering price of securities included in this offering and the total amount ready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, heck this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$0
	Equity	\$ 0	\$_0
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$ 0	\$ _0
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
o th	inter the number of accredited and non-accredited investors who have purchased securities in this flering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate number of persons who have purchased securities and the aggregate dollar amount of their purchases in the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	. 86	\$ 946,504,000
	Non-accredited Investors	_0	\$_0
	Total (for filings under Rule 504 only)		\$
	Answer also in Apper dix, Column 4, it filing under ULOE.		,
SC	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1	7	N/A
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		. \$
	Rule 504	·	s
	Total		s
4. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and cheek the box to the left of the estimate.		
	Transfer Agent's Fees		□ \$ <u>0</u>
	Printing and Engraving Costs	*******	□ \$ <u>0</u>
	Legal Fees		S \$ <u>125,000</u>
	Accounting Fees		□ \$ <u>0</u>
	Engineering Fees	***************************************	□ \$ <u>0</u>
	Sales Commissions (specify finders' fees separately)	***************************************	□ \$ <u>0</u>
	Other Expenses (identify) Blue Sky Filing Fees, Telecopy, phone and other miscellaneous expense	<u>s</u>	⊠ \$ <u>25,000</u>
	Total		⊠ \$ <u>150,000</u>

C	OFFERING PRICE	NUMBER	OF INVESTORS	EXPENSES	AND USE OF PROCE	2FDS
·-	OFFERING FRICE.	NUMBER	OF HITCHIONS	CAFENSES	AND USE OF TRUCK	

Latter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$ <u>946,354,000</u>
idicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be sed for each of the purposes shown. If the amount for any purpose is not known, furnish an timate and check the box to the left of the estimate. The total of the payments listed must equal e adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees	8	\$_*	O	\$_0
Purchase of real estate		\$ <u>0</u>		\$_0
Purchase, rental or leasing and installation of machinery and equipment		<u>\$_0</u>	0	S_0
Construction or leasing of plant buildings and facilities		\$ <u>0</u>		S <u>0</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_	\$ <u>0</u>		\$ <u>0</u>
Repayment of indebtedness	Þ	\$ <u>0</u>		\$ <u>0</u>
Working Capital		\$ <u>0</u>		\$ <u>0</u>
Other (specify): Investment in private equity limited partnerships and similar entities.		\$_0	Ø	\$_**
		\$_0		\$_0
Column Totals	×	\$ *	×	\$ **

5.

^{*} The Issuer shall pay to Adams Street Partners, LLC an annual fee (the "Management Fee") calculated in accordance with the Subscription Agreements executed by each of the limited partners and the Issuer. In no event, shall the Management Fee exceed 1.00% of the Issuer's aggregate subscriptions.

^{**}Any difference between \$ 946,354,000 and the Management Fee.

	D. FEDERAL SIGNATURE				
signature constitutes an undertaking by the issue	od by the undersigned duly authorized person. If this notice is file to furnish to the U.S. Securities and Exchange Commission, upderedited investor pursuant to paragraph (b)(2) of Rule 502.				
Issuer (Print or Type) Adams Street Partnership Fund - 2008 Non-U.S. Fund, L.P.	Moderal Jacob	Date 12/21/2007			
Name of Signer (Print or Type)	Title of Signer (Print or Types				
Michael J. Jacobs	Vice President of Adams Street Partners, LLC, the General Partner of the Issuer				

— ATTENTION ——

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)